POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*(handwritten)*	*(handwritten)*	7/30
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected		N	.... Non-elected
=	.... Allowed		I	.... Interference
—	(Through numeral)... Canceled		A	.... Appeal
÷	.... Restricted		O	.... Objected

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Claim Final	Original	Date							
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If more than 150 claims or 10 actions
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